



Department of Public Health and Human Services

FAMILY and GROUP DAY CARE FACILITIES (includes infant regulations) SURVEY TOOL

INSPECTION INFORMATION

Facility: Michelle Sexton

Type: Renewal Inspection **Date:** 01/18/2017 **Time:** 10:40 AM

Director: Michelle Gilleland

Contact: _____

Licensing Worker: Gloria Tatchell **Phone #:** (406) 444-1954

Time: 10:40 AM # **children:** 5 # **under 2:** 1 # **caregivers:** 1

Time: _____ # **children:** _____ # **under 2:** _____ # **caregivers:** _____

Time: _____ # **children:** _____ # **under 2:** _____ # **caregivers:** _____

STAFF RATIOS

Yes 1. License

Yes 2. Overlap

BUILDING/FIRE REQUIREMENTS

Yes 3. Inside Facility

Yes 4. Fire Safety

Yes 5. Equipment

Yes 6. Exiting

OUTDOOR TOUR

Yes 7. Play Area

N/A 8. Swimming

PROGRAM ISSUES

Yes 9. Supervision

Yes 10. Provider Responsibilities

Yes 11. Activities

N/A 12. Night Care

HEALTH ISSUES

Yes 13. Illness Exclusion

Yes 14. Health Prevention

MEDICATION

N/A 15. Administration

N/A 16. Storage

INFANTS/TODDLERS

Yes 17. Diapering

Yes 18. Feeding

Yes 19. Bathing

Yes 20. Sleeping

Yes 21. Activities

Yes 22. Outdoor Activities

NUTRITION/FOOD ISSUES

Yes 23. Sanitation

Yes 24. Meal Frequency

NUTRITION/FOOD ISSUES

Yes	25. Special Diet
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TRANSPORTATION

N/A	26. Basic Requirements
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N/A	27. Child Passenger Safety
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WRITTEN RECORDS

Yes	28. Parent Information
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Yes	29. Facility Records
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Yes	30. Child File Review
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Yes	31. Medication File
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Yes	32. Caregiver File Review
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Yes	33. First Aid Requirements
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ADMINISTRATIVE RECORDS

Yes	34. License-Certificate
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Yes	35. Facility Requirements
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Yes	36. Registration/License Process
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